NHAMCS-173
(12-18-2014)

SAMPLE

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
2015 EMERGENCY DEPARTMENT PATIENT RECORD

Form Approved: OMB No. 0920-0278; Expiration date 12/31/2017

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PATIENT INFORMATION

Patient medical record number

ZIP Code
Enter "1" if homeless.

Date of birth
Month | Day | Year

Date and time of visit

	Month	Day	Year	Time	a.m.	p.m.	Military
Arrival			201	:	☐	☐	☐
Seen by MD/DO/PA/NP			201	:	☐	☐	☐
Date and time of ED departure, if released or transferred			201	:	☐	☐	☐

Patient residence
1 ☐ Private residence
2 ☐ Nursing home
3 ☐ Homeless
4 ☐ Other
5 ☐ Unknown

Sex
1 ☐ Female
2 ☐ Male

Ethnicity
1 ☐ Hispanic or Latino
2 ☐ Not Hispanic or Latino

Age
1 ☐ Years
2 ☐ Months
3 ☐ Days

Race – *Mark (X) all that apply.*
1 ☐ White
2 ☐ Black or African American
3 ☐ Asian
4 ☐ Native Hawaiian or Other Pacific Islander
5 ☐ American Indian or Alaska Native

Arrival by ambulance
1 ☐ Yes →
2 ☐ No
3 ☐ Unknown
} *SKIP to Expected source(s) of payment*

Was patient transferred from another hospital or urgent care facility?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown
4 ☐ Not applicable

Expected source(s) of payment for THIS VISIT – *Mark (X) all that apply.*
1 ☐ Private insurance
2 ☐ Medicare
3 ☐ Medicaid or CHIP or other state-based program
4 ☐ Workers' compensation
5 ☐ Self-pay
6 ☐ No charge/Charity
7 ☐ Other
8 ☐ Unknown

TRIAGE

Initial vital signs

Temperature ____ 1 ☐ °C 2 ☐ °F

Heart rate ____ beats per minute

Respiratory rate ____ breaths per minute

Blood pressure
Systolic ____ / Diastolic ____

Pulse oximetry ____ %
Percent of oxyhemoglobin saturation; value is usually between 80–100%.

Was patient seen in this ED within the last 72 hours and discharged?
1 ☐ Yes 2 ☐ No 3 ☐ Unknown

Triage level (1–5)
1 ☐ No triage
2 ☐ Unknown

Pain scale (0–10)
1 ☐ Unknown

REASON FOR VISIT

List the first 5 reasons for visit (i.e., symptoms, problems, issues, concerns of the patient) in the order in which they appear. Start with the chief complaint and then move to the patient history for additional reasons.

(1) Most important:
(2) Other:
(3) Other:
(4) Other:
(5) Other:

Episode of care
1 ☐ Initial visit to this ED for problem
2 ☐ Follow-up visit to this ED for problem
3 ☐ Unknown

INJURY

Is this visit related to an injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment?
1 ☐ Yes, injury/trauma
2 ☐ Yes, overdose/poisoning
3 ☐ Yes, adverse effect of medical or surgical treatment or adverse effect of medicinal drug
4 ☐ No
5 ☐ Unknown
} *SKIP to Diagnosis*

Did the injury/trauma, overdose/poisoning, or adverse effect occur within 72 hours prior to the date and time of this visit?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown
4 ☐ Not applicable
For adverse effect SKIP to Cause

Is this injury/trauma or overdose/poisoning intentional or unintentional?
1 ☐ Intentional →
2 ☐ Unintentional (e.g., accidental)
3 ☐ Intent unclear

What was the intent of the injury/trauma or overdose/poisoning?
1 ☐ Suicide attempt with intent to die
2 ☐ Intentional self-harm without intent to die
3 ☐ Unclear if suicide attempt or intentional self-harm without intent to die
4 ☐ Intentional harm inflicted by another person (e.g., assault, poisoning)
5 ☐ Intent unclear

Cause of injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment – *Describe the place and circumstances that preceded the event. Examples:* **1 –** *Injury (e.g., patient fell while walking down stairs at home and sprained her ankle; patient was bitten by a spider);* **2 –** *Poisoning (e.g., 4 year old child was given adult cold/cough medication and became lethargic; child swallowed large amount of liquid cleanser and began vomiting);* **3 –** *Adverse effect (e.g., patient developed a rash on his arm 2 days after taking penicillin for an ear infection)*

DIAGNOSIS

As specifically as possible, list diagnoses related to this visit including chronic conditions.

(1) Primary diagnosis:
(2) Other:
(3) Other:
(4) Other:
(5) Other:

Does patient have – *Mark (X) all that apply.*
1 ☐ Alcohol misuse, abuse, or dependence
2 ☐ Alzheimer's disease/Dementia
3 ☐ Asthma
4 ☐ Cancer
5 ☐ Cerebrovascular disease/History of stroke (CVA) or transient ischemic attack (TIA)
6 ☐ Chronic kidney disease (CKD)
7 ☐ Chronic obstructive pulmonary disease (COPD)
8 ☐ Congestive heart failure (CHF)
9 ☐ Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)
10 ☐ Depression
11 ☐ Diabetes mellitus (DM)-Type I
12 ☐ Diabetes mellitus (DM)-Type II
13 ☐ Diabetes mellitus (DM)-Type unspecified
14 ☐ End-stage renal disease (ESRD)
15 ☐ History of pulmonary embolism (PE), deep vein thrombosis (DVT), or venous thromboembolism (VTE)
16 ☐ HIV infection/AIDS
17 ☐ Hyperlipidemia
18 ☐ Hypertension
19 ☐ Obesity
20 ☐ Obstructive sleep apnea (OSA)
21 ☐ Osteoporosis
22 ☐ Substance abuse or dependence
23 ☐ None of the above

DIAGNOSTICS

Diagnostic Services – *Mark (X) all Blood tests, Other tests, and Imaging ORDERED or PROVIDED.*

1 ☐ NONE

Blood tests:

2 ☐ Arterial blood gases
3 ☐ BAC (blood alcohol concentration)
4 ☐ Basic metabolic panel (BMP)
5 ☐ Blood culture
6 ☐ BNP (brain natriuretic peptide)
7 ☐ BUN/Creatinine
8 ☐ Cardiac enzymes
9 ☐ CBC
10 ☐ Comprehensive metabolic panel (CMP)
11 ☐ D-dimer
12 ☐ Electrolytes
13 ☐ Glucose
14 ☐ Lactate
15 ☐ Liver function tests
16 ☐ Prothrombin time/INR
17 ☐ Other blood test

Other tests:

18 ☐ Cardiac monitor
19 ☐ EKG/ECG
20 ☐ HIV test
21 ☐ Influenza test
22 ☐ Pregnancy/HCG test
23 ☐ Throat culture
24 ☐ Toxicology screen
25 ☐ Urinalysis (UA)
26 ☐ Urine culture
27 ☐ Wound culture
28 ☐ Other culture
29 ☐ Other test/service

Imaging:

30 ☐ X-ray
31 ☐ CT scan
Was CT ordered/provided with intravenous (IV) contrast?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown
What body site was scanned during the CT scan? *Mark (X) all that apply.*
1 ☐ Abdomen/Pelvis
2 ☐ Chest
3 ☐ Head
4 ☐ Other

32 ☐ MRI
Was MRI ordered/provided with intravenous (IV) contrast *(also written as "with gadolinium" or "with gado")*?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

33 ☐ Ultrasound
Who performed the ultrasound?
1 ☐ Emergency physician
2 ☐ Other provider

34 ☐ Other imaging

PROCEDURES

Procedures – *Mark (X) all PROVIDED at this visit. (Exclude medications.)*

1 ☐ NONE
2 ☐ BiPAP/CPAP
3 ☐ Bladder catheter
4 ☐ Cast, splint, wrap
5 ☐ Central line
6 ☐ CPR
7 ☐ Endotracheal intubation
8 ☐ Incision & drainage (I&D)
9 ☐ IV fluids
10 ☐ Lumbar puncture
11 ☐ Nebulizer therapy
12 ☐ Pelvic exam
13 ☐ Skin adhesives
14 ☐ Suturing/Staples
15 ☐ Other

MEDICATIONS & IMMUNIZATIONS

List up to 30 drugs given at this visit or prescribed at ED discharge. Include Rx and OTC drugs, immunizations, and anesthetics.

1 ☐ NONE

When given? *Mark (X) all that apply.*

	Drug	Given in ED	Rx at discharge
(2)		1 ☐	2 ☐
(3)		1 ☐	2 ☐
(4)		1 ☐	2 ☐
(5)		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
(30)		1 ☐	2 ☐

VITALS DISCHARGE

Were vitals taken at discharge?

1 ☐ Yes
2 ☐ No

Temperature ______ 1 ☐ °C 2 ☐ °F

Heart rate ______ beats per minute

Respiratory rate ______ breaths per minute

Blood pressure
Systolic ______ / Diastolic ______

PROVIDERS

Mark (X) all providers seen at this visit.

1 ☐ ED attending physician
2 ☐ ED resident/Intern
3 ☐ Consulting physician
4 ☐ RN/LPN
5 ☐ Nurse practitioner
6 ☐ Physician assistant
7 ☐ EMT
8 ☐ Other mental health provider
9 ☐ Other

DISPOSITION

Mark (X) all that apply.

1 ☐ No follow-up planned
2 ☐ Return to ED
3 ☐ Return/Refer to physician/clinic for FU
4 ☐ Left before triage
5 ☐ Left after triage
6 ☐ Left AMA
7 ☐ DOA
8 ☐ Died in ED
9 ☐ Return/Transfer to nursing home
10 ☐ Transfer to psychiatric hospital
11 ☐ Transfer to other hospital
12 ☐ Admit to this hospital
13 ☐ Admit to observation unit then hospitalized
14 ☐ Admit to observation unit, then discharged
15 ☐ Other

OBSERVATION UNIT STAY

Date and time of observation unit discharge

Month | Day | Year 201_ — Time __ __ : __ __ — a.m. ☐ p.m. ☐ Military ☐

1 ☐ Unknown

Date and time of ED departure

Month | Day | Year 201_ — Time __ __ : __ __ — a.m. ☐ p.m. ☐ Military ☐

1 ☐ Unknown

HOSPITAL ADMISSION

Complete if the patient was admitted to this hospital at this ED visit. – *Mark (X) "Unknown" in each item, if efforts have been exhausted to collect the data.*

Admitted to:

1 ☐ Critical care unit
2 ☐ Stepdown unit
3 ☐ Operating room
4 ☐ Mental health or detox unit
5 ☐ Cardiac catheterization lab
6 ☐ Other bed/unit
7 ☐ Unknown

Date and time bed was requested for hospital admission or transfer

Month | Day | Year 201_ — Time __ __ : __ __ — a.m. ☐ p.m. ☐ Military ☐

1 ☐ Unknown

Date and time patient actually left the ED or observation unit

Month | Day | Year 201_ — Time __ __ : __ __ — a.m. ☐ p.m. ☐ Military ☐

1 ☐ Unknown

Admitting physician

1 ☐ Hospitalist
2 ☐ Not hospitalist
3 ☐ Unknown

Hospital discharge date

Month | Day | Year 201_

1 ☐ Unknown

Principal hospital discharge diagnosis

1 ☐ Unknown

Hospital discharge status/disposition

1 ☐ Alive → 1 ☐ Home/Residence; 2 ☐ Return/Transfer to nursing home; 3 ☐ Transfer to another facility (not usual place of residence); 4 ☐ Other; 5 ☐ Unknown
2 ☐ Dead
3 ☐ Unknown